

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/4/10,520</div>	Filing Date <div style="font-size: 1.2em; font-family: cursive;">10/1/10</div>				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	<div style="font-size: 0.8em;">ORIGINAL</div> <div style="font-size: 1.2em; font-family: cursive;">9/3/10</div>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1												
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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 400)

SERIAL NO. 097410580  
APPLICANT

FILE NO. 1011704

311104 CLAIMS

	AS FILED		AFTER 1st ALLOCATION		AFTER 2nd ALLOCATION	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10	1		1		1	
11		1		1		1
12		1		1		1
13		1		1		1
14	1		1		1	
15		1		1		1
16		1		1		1
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18		1		1		1
19		1		1		1
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28		1		1		1
29		1		1		1
30		1		1		1
31		1		1		1
32		1		1		1
33		1		1		1
34		1		1		1
35		1		1		1
36		1		1		1
37		1		1		1
38		1		1		1
39		1		1		1
40		1		1		1
41		1		1		1
42		1		1		1
43		1		1		1
44		1		1		1
45		1		1		1
46		1		1		1
47		1		1		1
48		1		1		1
49		1		1		1
50		1		1		1
TOTAL NO.	3	1	3	1	3	1
TOTAL DEF.	13		13		13	
TOTAL	16		16		16	

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						